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| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence after initial filing)</i> |   | Application Number     | 09/583,263           |
|  |   | Filing Date            | May 31, 2000         |
|  |   | First Named Inventor   | Chicheng Wang et al. |
|  |   | Art Unit               | 3731                 |
|  |   | Examiner Name          | Julian W. Woo        |
| Total Number of Pages in This Submission   | 5 | Attorney Docket Number | ACS 59046 (1873P)    |

| ENCLOSURES (check all that apply)  |   |  |
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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |
|--|--|
| Firm or Individual name                    | Richard C. Salfelder, Reg. No. 51,127<br>For FULWIDER PATTON LEE & UTECHT, LLP |
| Signature                                  |  |
| Date                                       | October 15, 2003   |

| CERTIFICATE OF TRANSMISSION/MAILING   |                      |      |                  |
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| Typed or printed name   | Richard C. Salfelder |      |                  |
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| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                 |  | Application Number       | 09/583,263                                |
| <b>TOTAL AMOUNT OF PAYMENT (\$)</b> \$104.00   |  | Filing Date              | May 31, 2000                              |
|  |  | First Named Inventor     | Chicheng Wang et al.                      |
|  |  | Examiner Name            | Julian W. Woo                             |
|  |  | Art Unit                 | 3731                                      |
|  |  | Attorney Docket No.      | ACS 59046 (18750) TECHNOLOGY CENTER 10700 |

| <b>METHOD OF PAYMENT</b> (check all that apply)   |          | <b>FEE CALCULATION</b> (continued)  |          |  |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
|---|----------|---|----------|--|----------|-----------------|--------------|--------------|----------|-----------------|----------|----------|----------|----------|----------|------------------------|-----|------|-------|-------------------------------------|-----|-----------------------------------|----|------|-----|--|-----|---------------------------------------|-----|------|-----|-----------------------------|-----|--|-------|------|-------|--|----|--|------|--------------------------|------|--|--|------|----------|------|--------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|---------------------------------------|--|------|-----|------|-----|--|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|----------------------------|--|---------------------------------|--|--|--|---|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|------|-----|------|-----|--------------------|--|------|-----|------|-----|-------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--------------------|--|------|-----|------|----|------------------------|--|--------------------------|--|--|--|--|--------|--|--|--|--|--|--|--|--|--|--|---|--|--------------|--|----------------|--|----------|--------------|--|--|--|----|-----|---|-------|-------|---|----|---|-------|-------|--|--|--|--|---|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|------|----|------|---|------------------------|--|------|----|------|----|-----------------------------------|--|------|-----|------|-----|---------------------------------------|--|------|----|------|----|--|--|------|----|------|---|--|--|--------------------------|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|--|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None  |          | <b>3. ADDITIONAL FEES</b>   |          |  |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 06-2425<br>Deposit Account Name: FULWIDER PATTON  |          | <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr><tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non - English specification</td><td></td></tr><tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr><tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr><tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr><tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr><tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr><tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr><tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr><tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR § 1.17(q)</td><td></td></tr><tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr><tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr><tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr><tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="6">Other fee (specify) _____</td></tr><tr><td colspan="2"><b>1. BASIC FILING FEE</b></td><td colspan="4"><b>SUBTOTAL (3) (\$)</b> \$0.00</td></tr><tr><td colspan="2"><table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5"><b>SUBTOTAL (1) (\$)</b></td><td>\$0.00</td></tr></tbody></table></td><td colspan="4"></td></tr><tr><td colspan="2"><b>2. EXTRA CLAIM FEES FOR UTILITY AND</b></td><td colspan="4"></td></tr><tr><td colspan="2"><table border="1"><thead><tr><th colspan="2">Extra Claims</th><th colspan="2">Fee from below</th><th rowspan="2">Fee Paid</th></tr><tr><th>Total Claims</th><th></th><th></th><th></th></tr></thead><tbody><tr><td>23</td><td>22*</td><td>1</td><td>18.00</td><td>18.00</td></tr><tr><td>7</td><td>6*</td><td>1</td><td>86.00</td><td>86.00</td></tr></tbody></table></td><td colspan="4"></td></tr><tr><td colspan="2"><table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5"><b>SUBTOTAL (2) (\$)</b></td><td>\$104.00</td></tr></tbody></table></td><td colspan="4"></td></tr><tr><td colspan="2">**or number previously paid, if greater; For Reissues, see above</td><td colspan="4"></td></tr></tbody></table> |          |  |          | Large Entity    |              | Small Entity |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051                   | 130 | 2051 | 65    | Surcharge - late filing fee or oath |     | 1052                              | 50 | 2052 | 25  | Surcharge - late provisional filing fee or cover sheet |     | 1053                                  | 130 | 1053 | 130 | Non - English specification |     | 1812   | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |    | 1804   | 920* | 1804                     | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840*   | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 420 | 2252 | 210 | Extension for reply within second month |  | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR § 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Statement |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | <b>1. BASIC FILING FEE</b> |  | <b>SUBTOTAL (3) (\$)</b> \$0.00 |  |  |  | <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5"><b>SUBTOTAL (1) (\$)</b></td><td>\$0.00</td></tr></tbody></table> |  | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1001 | 770 | 2001 | 385 | Utility filing fee |  | 1002 | 340 | 2002 | 170 | Design filing fee |  | 1003 | 530 | 2003 | 265 | Plant filing fee |  | 1004 | 770 | 2004 | 385 | Reissue filing fee |  | 1005 | 160 | 2005 | 80 | Provisional filing fee |  | <b>SUBTOTAL (1) (\$)</b> |  |  |  |  | \$0.00 |  |  |  |  | <b>2. EXTRA CLAIM FEES FOR UTILITY AND</b> |  |  |  |  |  | <table border="1"><thead><tr><th colspan="2">Extra Claims</th><th colspan="2">Fee from below</th><th rowspan="2">Fee Paid</th></tr><tr><th>Total Claims</th><th></th><th></th><th></th></tr></thead><tbody><tr><td>23</td><td>22*</td><td>1</td><td>18.00</td><td>18.00</td></tr><tr><td>7</td><td>6*</td><td>1</td><td>86.00</td><td>86.00</td></tr></tbody></table> |  | Extra Claims |  | Fee from below |  | Fee Paid | Total Claims |  |  |  | 23 | 22* | 1 | 18.00 | 18.00 | 7 | 6* | 1 | 86.00 | 86.00 |  |  |  |  | <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5"><b>SUBTOTAL (2) (\$)</b></td><td>\$104.00</td></tr></tbody></table> |  | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202 | 18 | 2202 | 9 | Claims in excess of 20 |  | 1201 | 86 | 2201 | 43 | Independent claims in excess of 3 |  | 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid |  | 1204 | 86 | 2204 | 43 | ** Reissue independent claims over original patent |  | 1205 | 18 | 2205 | 9 | ** Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2) (\$)</b> |  |  |  |  | \$104.00 |  |  |  |  | **or number previously paid, if greater; For Reissues, see above |  |  |  |  |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1051  | 130      | 2051  | 65       | Surcharge - late filing fee or oath  |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1052  | 50       | 2052  | 25       | Surcharge - late provisional filing fee or cover sheet                     |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1053  | 130      | 1053  | 130      | Non - English specification  |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1812  | 2,520    | 1812  | 2,520    | For filing a request for <i>ex parte</i> reexamination                     |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1804  | 920*     | 1804  | 920*     | Requesting publication of SIR prior to Examiner action                     |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1805  | 1,840*   | 1805  | 1,840*   | Requesting publication of SIR after Examiner action                        |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1251  | 110      | 2251  | 55       | Extension for reply within first month                                     |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1252  | 420      | 2252  | 210      | Extension for reply within second month                                    |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1253  | 950      | 2253  | 475      | Extension for reply within third month                                     |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1254  | 1,480    | 2254  | 740      | Extension for reply within fourth month                                    |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1255  | 2,010    | 2255  | 1,005    | Extension for reply within fifth month                                     |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1401  | 330      | 2401  | 165      | Notice of Appeal   |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1402  | 330      | 2402  | 165      | Filing a brief in support of an appeal                                     |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1403  | 290      | 2403  | 145      | Request for oral hearing   |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1451  | 1,510    | 1451  | 1,510    | Petition to institute a public use proceeding                              |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1452  | 110      | 2452  | 55       | Petition to revive - unavoidable   |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1453  | 1,330    | 2453  | 665      | Petition to revive - unintentional   |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1501  | 1,330    | 2501  | 665      | Utility issue fee (or reissue)   |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1502  | 480      | 2502  | 240      | Design issue fee   |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1503  | 640      | 2503  | 320      | Plant issue fee  |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1460  | 130      | 1460  | 130      | Petitions to the Commissioner  |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1807  | 50       | 1807  | 50       | Processing fee under 37 CFR § 1.17(q)                                      |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1806  | 180      | 1806  | 180      | Submission of Information Disclosure Statement                             |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 8021  | 40       | 8021  | 40       | Recording each patent assignment per property (times number of properties) |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1809  | 770      | 2809  | 385      | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1810  | 770      | 2810  | 385      | For each additional invention to be examined (37 CFR § 1.129(b))           |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1801  | 770      | 2801  | 385      | Request for Continued Examination (RCE)                                    |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1802  | 900      | 1802  | 900      | Request for expedited examination of a design application                  |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| Other fee (specify) _____   |          |   |          |  |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| <b>1. BASIC FILING FEE</b>  |          | <b>SUBTOTAL (3) (\$)</b> \$0.00   |          |  |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5"><b>SUBTOTAL (1) (\$)</b></td><td>\$0.00</td></tr></tbody></table>   |          | Large Entity  |          | Small Entity   |          | Fee Description | Fee Paid     | Fee Code     | Fee (\$) | Fee Code        | Fee (\$) | 1001     | 770      | 2001     | 385      | Utility filing fee     |     | 1002 | 340   | 2002                                | 170 | Design filing fee                 |    | 1003 | 530 | 2003   | 265 | Plant filing fee                      |     | 1004 | 770 | 2004                        | 385 | Reissue filing fee                                 |       | 1005 | 160   | 2005   | 80 | Provisional filing fee                                     |      | <b>SUBTOTAL (1) (\$)</b> |      |  |  |      | \$0.00   |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1001  | 770      | 2001  | 385      | Utility filing fee   |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1002  | 340      | 2002  | 170      | Design filing fee  |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1003  | 530      | 2003  | 265      | Plant filing fee   |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1004  | 770      | 2004  | 385      | Reissue filing fee   |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1005  | 160      | 2005  | 80       | Provisional filing fee   |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| <b>SUBTOTAL (1) (\$)</b>  |          |   |          |  | \$0.00   |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND</b>  |          |   |          |  |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| <table border="1"><thead><tr><th colspan="2">Extra Claims</th><th colspan="2">Fee from below</th><th rowspan="2">Fee Paid</th></tr><tr><th>Total Claims</th><th></th><th></th><th></th></tr></thead><tbody><tr><td>23</td><td>22*</td><td>1</td><td>18.00</td><td>18.00</td></tr><tr><td>7</td><td>6*</td><td>1</td><td>86.00</td><td>86.00</td></tr></tbody></table>   |          | Extra Claims  |          | Fee from below   |          | Fee Paid        | Total Claims |              |          |                 | 23       | 22*      | 1        | 18.00    | 18.00    | 7                      | 6*  | 1    | 86.00 | 86.00                               |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| Extra Claims  |          | Fee from below  |          | Fee Paid   |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| Total Claims  |          |   |          |  |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 23  | 22*      | 1   | 18.00    | 18.00  |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 7   | 6*       | 1   | 86.00    | 86.00  |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5"><b>SUBTOTAL (2) (\$)</b></td><td>\$104.00</td></tr></tbody></table> |          | Large Entity  |          | Small Entity   |          | Fee Description | Fee Paid     | Fee Code     | Fee (\$) | Fee Code        | Fee (\$) | 1202     | 18       | 2202     | 9        | Claims in excess of 20 |     | 1201 | 86    | 2201                                | 43  | Independent claims in excess of 3 |    | 1203 | 290 | 2203   | 145 | Multiple dependent claim, if not paid |     | 1204 | 86  | 2204                        | 43  | ** Reissue independent claims over original patent |       | 1205 | 18    | 2205   | 9  | ** Reissue claims in excess of 20 and over original patent |      | <b>SUBTOTAL (2) (\$)</b> |      |  |  |      | \$104.00 |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1201  | 86       | 2201  | 43       | Independent claims in excess of 3  |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1203  | 290      | 2203  | 145      | Multiple dependent claim, if not paid                                      |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1204  | 86       | 2204  | 43       | ** Reissue independent claims over original patent                         |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| <b>SUBTOTAL (2) (\$)</b>  |          |   |          |  | \$104.00 |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |
| **or number previously paid, if greater; For Reissues, see above  |          |   |          |  |          |                 |              |              |          |                 |          |          |          |          |          |                        |     |      |       |                                     |     |                                   |    |      |     |  |     |                                       |     |      |     |                             |     |  |       |      |       |  |    |  |      |                          |      |  |  |      |          |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                            |  |                                 |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                          |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |   |  |              |  |                |  |          |              |  |  |  |    |     |   |       |       |   |    |   |       |       |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                          |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |

|                     |                      |                                   |                  |
|---------------------|----------------------|-----------------------------------|------------------|
| <b>SUBMITTED BY</b> |                      | <b>Complete (if applicable)</b>   |                  |
| Name (Print/Type)   | Richard C. Salfelder | Registration No. (Attorney/Agent) | 51,127           |
| Signature           |                      | Telephone                         | (310) 824-5555   |
|                     |                      | Date                              | October 15, 2003 |